

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000000373

1. Entity Name

DIRECT MARKETING SERVICES, LLC



Principal Place of Business

2828 PARKWAY  
SUITE C8  
PIGEON FORGE, TN 37863

Mailing Address

PO BOX 188  
PIGEON FORGE, TN 37868

**FILED**  
**Jul 16, 2008 08:00 AM**  
**Secretary of State**



07142008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

62-1695048

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COVE & ASSOCIATES PA  
225 SOUTH 21ST AVENUE  
HOLLYWOOD, FL 33302-0

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BROOKS, DOUG JR.
STREET ADDRESS	2828 PARKWAY SUITE C8
CITY-ST-ZIP	PIGEON FORGE, TN 37863
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000955071  
07/16/08-80001-023 143.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

DOUG BROOKS JR.

7-13-2008

865  
428-9100